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| FORM PTO-1390<br>(REV. 11-2000)  |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE |  | ATTORNEY'S DOCKET NUMBER<br>0933-0170P                              |  |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>         DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>         CONCERNING A FILING UNDER 35 U.S.C. 371</b>  |  |   |  | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>09/936823</b> |  |
| INTERNATIONAL APPLICATION NO.<br>PCT/FI00/00249 ✓  |  | INTERNATIONAL FILING DATE<br>March 24, 2000 ✓           |  | PRIORITY DATE CLAIMED<br>March 25, 1999 ✓                           |  |
| TITLE OF INVENTION<br>PROCESS FOR PARTITIONING OF PROTEINS ✓   |  |   |  |   |  |
| APPLICANT(S) FOR DO/EO/US<br>PENTTILÄ, Merja; NAKARI-SETÄLÄ, Tiina; FAGERSTRÖM, Richard; SELBER, Klaus;<br>KULA, Maria-Regina; LINDER Markus; and TJERNELD Folke   |  |   |  |   |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |  |   |  |   |  |
| 1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.<br>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.<br>3. <input checked="" type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39 (1).<br>4. <input checked="" type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).<br><input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))<br>a. <input checked="" type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau). WO 00/58342<br>b. <input checked="" type="checkbox"/> has been transmitted by the International Bureau.<br>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).<br><input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).<br>a. <input type="checkbox"/> is transmitted herewith.<br>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4)<br><input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)).<br>a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau).<br>b. <input type="checkbox"/> have been transmitted by the International Bureau.<br>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.<br>d. <input checked="" type="checkbox"/> have not been made and will not be made.<br>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).<br>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).<br>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).<br>Items 11. to 20. below concern document(s) or information included: |  |   |  |   |  |
| 11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98, Form PTO-1449(s), and International Search Report (PCT/ISA/210) with 13 cited document(s) and Finnish Search Report.<br>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.<br>13. <input checked="" type="checkbox"/> A <b>FIRST</b> preliminary amendment.<br>14. <input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.<br>15. <input type="checkbox"/> A substitute specification.<br>16. <input type="checkbox"/> A change of power of attorney and/or address letter.<br>17. <input checked="" type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821-1.825.<br>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).<br>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).<br>20. <input checked="" type="checkbox"/> Other items or information:<br>1. International Preliminary Examination Report (PCT/IPEA/409)<br>2. Twenty-eight (28) pages of formal drawings<br>3. Nineteen (19) pages containing Sequence Listing  |  |   |  |   |  |

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| U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><div style="font-size: 2em; font-weight: bold;">09/936823</div> |  | INTERNATIONAL APPLICATION NO.<br>PCT/FI 00/00249 |  | ATTORNEY'S DOCKET NUMBER<br>0933-0170P |  |
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| 21. <input checked="" type="checkbox"/> The following fees are submitted:<br><b>BASIC NATIONAL FEE (37 CFR 1.492(a)(1)-(5):</b><br>Neither international preliminary examination fee (37 CFR 1.482)<br>nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO<br>and International Search Report not prepared by the EPO or JPO. .... <b>\$1,000.00</b><br><br>International preliminary examination fee (37 CFR 1.482) not paid to<br>USPTO but International Search Report prepared by the EPO or JPO ..... <b>\$860.00</b><br><br>International preliminary examination fee (37 CFR 1.482) not paid to USPTO<br>but international search fee (37 CFR 1.445(a)(2)) paid to USPTO..... <b>\$710.00</b><br><br>International preliminary examination fee (37 CFR 1.482) paid to USPTO<br>at all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... <b>\$690.00</b><br><br>International preliminary examination fee (37 CFR 1.482) paid to USPTO<br>at all claims satisfied provisions of PCT Article 33(1)-(4) ..... <b>\$100.00</b><br><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b><br>Charge of <b>\$130.00</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30<br>months from the earliest claimed priority date (37 CFR 1.492(e)).<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">CLAIMS</th> <th style="width:20%;">NUMBER FILED</th> <th style="width:20%;">NUMBER EXTRA</th> <th style="width:20%;">RATE</th> <th style="width:20%;"></th> <th style="width:20%;"></th> </tr> <tr> <td>all Claims</td> <td>51 - 20 =</td> <td>31</td> <td>X \$18.00</td> <td>\$</td> <td>558.00</td> </tr> <tr> <td>dependent Claims</td> <td>1 - 3 =</td> <td>0</td> <td>X \$80.00</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>Yes</td> <td>+ \$270.00</td> <td>\$ 270.00</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td>\$</td> <td>1,958.00</td> </tr> </table> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are<br>reduced by 1/2.<br><div style="text-align: right;"><b>SUBTOTAL =</b></div> <div style="text-align: right;">\$ 1,958.00</div> Processing fee of <b>\$130.00</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30<br>months from the earliest claimed priority date (37 CFR 1.492(f)).<br><div style="text-align: right;"><b>TOTAL NATIONAL FEE =</b></div> <div style="text-align: right;">\$ 1,958.00</div> Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be<br>accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00</b> per property +<br><div style="text-align: right;"><b>TOTAL FEES ENCLOSED =</b></div> <div style="text-align: right;">\$ 1,958.00</div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:20%; text-align: right;">Amount to be:</td> <td style="width:20%;"></td> </tr> <tr> <td></td> <td style="text-align: right;">refunded</td> <td>\$</td> </tr> <tr> <td></td> <td style="text-align: right;">charged</td> <td>\$</td> </tr> </table> | CLAIMS        | NUMBER FILED | NUMBER EXTRA | RATE       |           |  | all Claims | 51 - 20 = | 31 | X \$18.00 | \$ | 558.00 | dependent Claims | 1 - 3 = | 0 | X \$80.00 | \$ | 0.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  | Yes | + \$270.00 | \$ 270.00 | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | \$ | 1,958.00 |  | Amount to be: |  |  | refunded | \$ |  | charged | \$ | <div style="text-align: center; font-weight: bold;">CALCULATIONS      PTO USE ONLY</div> |
|---|---------------|--------------|--------------|------------|-----------|--|------------|-----------|----|-----------|----|--------|------------------|---------|---|-----------|----|------|---|--|--|-----|------------|-----------|--------------------------------------|--|--|--|----|----------|--|---------------|--|--|----------|----|--|---------|----|--|
| CLAIMS  | NUMBER FILED  | NUMBER EXTRA | RATE         |            |           |  |            |           |    |           |    |        |                  |         |   |           |    |      |   |  |  |     |            |           |                                      |  |  |  |    |          |  |               |  |  |          |    |  |         |    |  |
| all Claims  | 51 - 20 =     | 31           | X \$18.00    | \$         | 558.00    |  |            |           |    |           |    |        |                  |         |   |           |    |      |   |  |  |     |            |           |                                      |  |  |  |    |          |  |               |  |  |          |    |  |         |    |  |
| dependent Claims  | 1 - 3 =       | 0            | X \$80.00    | \$         | 0.00      |  |            |           |    |           |    |        |                  |         |   |           |    |      |   |  |  |     |            |           |                                      |  |  |  |    |          |  |               |  |  |          |    |  |         |    |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)   |               |              | Yes          | + \$270.00 | \$ 270.00 |  |            |           |    |           |    |        |                  |         |   |           |    |      |   |  |  |     |            |           |                                      |  |  |  |    |          |  |               |  |  |          |    |  |         |    |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>  |               |              |              | \$         | 1,958.00  |  |            |           |    |           |    |        |                  |         |   |           |    |      |   |  |  |     |            |           |                                      |  |  |  |    |          |  |               |  |  |          |    |  |         |    |  |
|   | Amount to be: |              |              |            |           |  |            |           |    |           |    |        |                  |         |   |           |    |      |   |  |  |     |            |           |                                      |  |  |  |    |          |  |               |  |  |          |    |  |         |    |  |
|   | refunded      | \$           |              |            |           |  |            |           |    |           |    |        |                  |         |   |           |    |      |   |  |  |     |            |           |                                      |  |  |  |    |          |  |               |  |  |          |    |  |         |    |  |
|   | charged       | \$           |              |            |           |  |            |           |    |           |    |        |                  |         |   |           |    |      |   |  |  |     |            |           |                                      |  |  |  |    |          |  |               |  |  |          |    |  |         |    |  |

  

a. ☒ A check in the amount of \$ 1,958.00 to cover the above fees is enclosed.

b. ☐ Please charge my Deposit Account. No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ to cover the above fees.  
 A duplicate copy of this sheet is enclosed.

c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any  
 overpayment to Deposit Account No. 02-2448.

**NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.**

Send all correspondence to:  
**Birch, Stewart, Kolasch & Birch, LLP** or Customer No. 2292  
**P.O. Box 747**  
**Falls Church, VA 22040-0747**  
**(703)205-8000**

**Date: September 18, 2001**

By Gerald M. Murphy, Jr. #36623  
 Gerald M. Murphy, Jr., #28,977

GMM/jeb